CITY OF RATON APPLICATION FOR EMPLOYMENT

CITY OF RATON **Job Title:** _____ PERSONNEL DEPARTMENT P.O. BOX 910 Department: RATON, NEW MEXICO, 87740 TELEPHONE: (575)445-9451 PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM A new application must be submitted for each position for which you are applying. Résumés are not accepted in lieu of an application, but may be attached for supplemental information. This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please type or complete in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a résumé. False, incomplete, or inaccurate information is cause for disqualification or discharge at any future time. If you need assistance completing this application, contact the Personnel Office at (575) 445-9451. PERSONAL INFORMATION Name: Social Security Number ____ Present Mailing Address Street Number City State Zip Code Street Address if Different Telephone Number (Home) (Business/Cell) Do you have a valid Drivergs License?

Yes

No Driverøs License No. _____ State ____ Class ____ Expiration _____ **GENERAL INFORMATION** Have you ever been convicted of a Felony? If õyes,ö on a separate sheet, please give date(s) and place(s), the specific charge(s) and fully explain the situation. Yes _____ No ____ A conviction is not necessarily a bar to employment. Yes _____ No ____ Can you work legally in the United States? Yes _____ No ____ Have you ever been employed by the City of Raton? If õyes,ö on a separate sheet list date(s), job title(s), department location(s) and reason(s) for separation. When would you be available to start work? Yes ____ No ____ May we contact your present employer about your work?

May we contact your previous employer(s) about your work?

List any other name under which you have been employed

Yes _____ No ____

RECORD OF EDUCATION

Name and Address of School HIGH SCHOOL COLLEGE: OTHER:		Course of Study	Years	Graduate?	List Degree
		<u>N/A</u>	1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4	Y N	
				Y N	
				Y N Y N	
	MILI	TARY SERVICE RECO)RD		
	e you served, or are you currently serves, on a separate sheet skills acq	ving, in the U.S. Military S	Service?	Yes	_ No
		OYMENT EXPERIE			
	se list below all present and past emposition with the same employer, plea			ent. If you h	eld more than
1.	EMPLOYER			FROM	TO
	STREET ADDRESS	CITY			STATE
	JOB TITLE	SUPERVISOR			
	REASON FOR LEAVING				
2.	EMPLOYER			FROM	TO
	STREET ADDRESS	C	ITY		STATE
	JOB TITLE	SUPERVISOR			
	REASON FOR LEAVING				
3.	EMPLOYER			FROM	TO
	STREET ADDRESS	C	CITY		STATE
		SUPERVISOR			
	REASON FOR LEAVING				
4.	EMPLOYER			FROM	то
	STREET ADDRESS	CITY			STATE
	JOB TITLE	SUPER	VISOR		
	REASON FOR LEAVING				

Other Licenses or Certifications (if required for the job):								
Profess	ional Grade	Level						
Expirat	ion Date	Issued By						
Summarize any special skills or qualifications. Include knowledge, skills, and abilities not shown elsewhere in the application. Be specific								
Any offer of employment shall be made contingent on applicant passing a job-related physical examination and drug test. Any applicant refusing such test or failing such test shall be denied employment. Any person hired must be able to perform all essential job functions with or without reasonable accommodation. It is the policy of the City to avoid both the practice and the appearance of nepotism in employment. In carrying out this policy, no person shall be hired to a position which is under the supervision of a relative.								
	Name	Relationship	Department					
	Name	Relationship	Department					
		EMERGENCY CONTACT:						
	Name	Address	Phone					
		AGREEMENT AND CONSENT						
1.	I certify that these answ	vers are true and correct to the best of my kn	owledge.					
misrepridismiss will no employ that thi me. I fi date as perform	TIGATION OF ALL resentations or omissions all from employment with the held liable in any ment is terminated due to application is an initial further understand and agree part of this application in all essential job fur modation must be disclose	IS APPLICATION IS SUBJECT TO VER STATEMENTS CONTAINED HER of fact in this application will be sufficie to the City of Raton if I have been employed respect if any employment offer is not to of false statements and answers in this appl application. I understand that additional is ree that this paragraph applies to any inform. I certify that I have reviewed the appl anctions with or without reasonable acted by the applicant if a conditional job offer that I have read and agree to the above states	REIN. I understand that the cause for disqualification of all. I agree that the City of Rator tendered, is withdrawn, or my ication. I understand and agree information may be required of mation supplied by me at a later icable job description and car be commodation. Any needed is made.					
	Signature		Date					

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

We are an Equal Opportunity Employer